Patient Education
December, 2003

1: Anaesthesia. 2003 Nov;58(11):1119-20.
Comment on:
Anaesthesia. 2002 Jul;57(7):710.

Pre-operative information about anaesthesia--is more better?

El-Sayeh S, Lavies NG.

Publication Types:
Comment
Letter
PMID: 14616601 [PubMed - indexed for MEDLINE]

2: Anaesthesia. 2003 Nov;58(11):1120.
Comment on:
Anaesthesia. 2003 Jul;58(7):703-6.

Patient refusal of risk information and consent.

Smart NG, Varveris DA, Hivey S.

Publication Types:
Comment
Letter
PMID: 14616602 [PubMed - indexed for MEDLINE]

3: Anaesthesia. 2003 Nov;58(11):1120-1.
Mortgage advice--helping you to choose your anaesthetic.

Martin F.
Publication Types:
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PMID: 14616603 [PubMed - indexed for MEDLINE]

4: Anaesthesia. 2003 Nov;58(11):1121.
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Anaesthesia. 2003 Jul;58(7):703-6.

Consultation before anaesthesia.
Lehot JJ.
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PMID: 14616606 [PubMed - indexed for MEDLINE]

5: Anaesthesia. 2003 Nov;58(11):1153-4.
Comment on:
Anaesthesia. 2003 Aug;58(8):760-74.

In response to 'Consent for anaesthesia', White SM, Baldwin TJ, Anaesthesia 2003; 58: 760-74.
Jones P.

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Comment
Letter
PMID: 14616653 [PubMed - indexed for MEDLINE]

6: Anaesthesia. 2003 Nov;58(11):1148.
Comment on:
Anaesthesia. 2003 May;58(5):409-11.

A response to 'Editorial--Patient information, risk and choice', Smith AF, Anaesthesia 2003: 58; 409-11.
Prabhu A, Pradhan P.

Publication Types:
Comment
Letter
PMID: 14616640 [PubMed - indexed for MEDLINE]

7: Ann Intern Med. 2003 Nov 18;139(10):875-8.
The crucial link between literacy and health.

Wilson JF.

PMID: 14623636 [PubMed - indexed for MEDLINE]

8: BMJ. 2003 Nov 15;327(7424):1120-1.
Intensive education for lifestyle change in diabetes.

Fox C, Kilvert A.

Publication Types:
Editorial
PMID: 14615308 [PubMed - indexed for MEDLINE]

9: BMJ. 2003 Nov 15;327(7424):1159-61.

Making consent patient centered.

Bridson J, Hammond C, Leach A, Chester MR.

Unit for the Study of Health Care Ethics, Department of Primary Care, University of Liverpool, Liverpool L69 3GB. jbridson@liverpool.ac.uk

Publication Types:
Review
Review, Tutorial
PMID: 14615345 [PubMed - indexed for MEDLINE]

10: Cancer. 2003 Dec 1;98(11):2495-501.
Change in smoking status after spiral chest computed tomography scan screening.

Cox LS, Clark MM, Jett JR, Patten CA, Schroeder DR, Nirelli LM, Swensen SJ, Hurt RD.

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BACKGROUND: Cancer screening may provide a "teachable moment" for the reduction
of high-risk behaviors. The current study evaluated smoking behavior changes in current and former smokers after low-dose, fast spiral chest computed tomography scan (CT) screening for lung carcinoma. METHODS: The study was comprised of 901 current smokers and 574 former smokers who participated in a low-dose, fast spiral chest CT scan screening study for lung carcinoma. Demographic, pulmonary function, screening recommendations, and smoking history variables were evaluated as predictors of self-reported point prevalence smoking abstinence 1 year after screening. RESULTS: Of the current smokers at baseline, 14% reported smoking abstinence at follow-up. Older age and poorer lung function were associated with smoking abstinence. Ninety percent of former smokers reported smoking abstinence at a 1-year of follow-up. A longer duration of smoking abstinence at baseline was found to be predictive of abstinence in this group. CONCLUSIONS: The 14% smoking abstinence rate was higher than would be expected
for spontaneous rates of smoking cessation. Therefore, screening may provide a teachable moment for smokers. Low-dose, fast spiral chest CT scan screening recommendations were not found to be associated with smoking behavior change in either group. Further research is needed to evaluate the potential avenues through which lung carcinoma screening can be used as an opportunity for providing effective nicotine interventions. Copyright 2003 American Cancer Society.

Publication Types:
Clinical Trial

PMID: 14635086 [PubMed - indexed for MEDLINE]

11: Health Promot Pract. 2003 Jul;4(3):214-7.
Information therapy: health education one person at a time.

Mettler M, Kemper DW.

National Council on Aging, Washington, D.C., USA.
Targeted and timely health information is a key part of helping patients achieve their behavior change and disease management goals. However, most health professionals rely on inefficient systems (office hours only) and outmoded technologies (mouth to ear) to transfer information to patients. Often, patients are left on their own to track down health information relevant to them. Information therapy, the prescription of specific evidence-based medical information to specific patients at just the right time to help them make specific health decisions or behavior changes, will ensure patients and providers overcome these obstacles. Embedding evidence-based information within the process of care further ensures patients and their families become more knowledgeable and involved in their care. This article outlines what constitutes prescription-strength information, three critical elements needed to deliver information prescriptions, opportunities for information prescriptions within the continuum of care, and the impact information therapy could have on the health education profession.

PMID: 14610991 [PubMed - indexed for MEDLINE]

12: J Am Diet Assoc. 2003 Nov;103(11):1454, 1456.
Tool kits for teachable moments.

White JV, Pitman S, Denny SC.

Publication Types:
News
PMID: 14626247 [PubMed - indexed for MEDLINE]

13: J Clin Oncol. 2003 Nov 15;21(22):4138-44.
Impact of providing audiotapes of primary adjuvant treatment consultations to women with breast cancer: a multisite, randomized, controlled trial.

Hack TF, Pickles T, Bultz BD, Ruether JD, Weir LM, Degner LF, Mackey JR.

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PURPOSE: Women with breast cancer were provided with an audiotape of their primary adjuvant treatment consultation, and the following patient outcomes were measured at 12 weeks postconsultation: perceived degree of information provision, audiotape satisfaction and use, communication satisfaction with oncologist, mood state, and cancer-specific quality of life. PATIENTS AND METHODS: Participants included 628 women newly diagnosed with breast cancer and 40 oncologists from six cancer centers in Canada. The patients were block randomized to one of four consultation groups: standard care control, not audiotaped; audiotaped, no audiotape given; audiotaped, patient given audiotape; and audiotaped, patient offered choice of receiving audiotape or not. RESULTS: Patients receiving the consultation audiotape had significantly better recall of having discussed side effects of treatment than patients who did not receive the audiotape. Audiotape benefit was not significantly related to patient satisfaction with communication, mood state, or quality of life at 12 weeks postconsultation, and was not significantly affected by choice of receiving the

audiotape. Patients rated the audiotape intervention positively, with an average score of 83.9 of 100. CONCLUSION: Audiotape provision benefits patients by facilitating their perception of being informed about treatment side effects, but does not significantly influence patient satisfaction with communication, mood state, or quality of life.

Publication Types:
Clinical Trial
Multicenter Study
Randomized Controlled Trial

PMID: 14615442 [PubMed - indexed for MEDLINE]

14: Jt Comm J Qual Saf. 2003 Nov;29(11):586-97.
Findings from the ISMP Medication Safety Self-Assessment for hospitals.

Smetzer JL, Vaida AJ, Cohen MR, Tranum D, Pittman MA, Armstrong CW.

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BACKGROUND: Hospital medication practices should be assessed, awareness of the characteristics of a safe medication system heightened, and baseline data to identify national priorities established. DESIGN: A cross-sectional survey of U.S. hospitals (N = 6,180) was conducted in May 2000. The survey instrument contained 194 self-assessment items organized into 20 core characteristics and 10 larger domains. Hospitals were asked to voluntarily submit their confidential assessment data to the Institute for Safe Medication Practices (ISMP) for aggregate analysis. METHOD: A weighting structure was applied to the individual items and used to calculate core characteristic scores, domain scores, and overall self-assessment scores. These scores were then compared to identify areas most in need of improvement. RESULTS: The 1,435 participating hospitals scored highest in domains related to drug storage and distribution; environmental factors; infusion pumps; and medication labeling, packaging, and nomenclature issues. These hospitals scored lowest in domains related to accessible patient information, communication of medication orders, patient education, and quality processes such as double-check systems and organizational culture. CONCLUSIONS: Enormous opportunities exist to improve medication safety, especially in domains related to culture, information management, and communication.

PMID: 14619351 [PubMed - indexed for MEDLINE]

15: Med Clin North Am. 2003 Sep;87(5):1115-45.
Patient-doctor communication.

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Communication is an important component of patient care. Traditionally, communication in medical school curricula was incorporated informally as part of rounds and faculty feedback, but without a specific or intense focus on skills of communicating per se. The reliability and consistency of this teaching method

left gaps, which are currently getting increased attention from medical schools and accreditation organizations. There is also increased interest in researching patient-doctor communication and recognizing the need to teach and measure this specific clinical skill. In 1999, the Accreditation of Council for Graduate Medical Education implemented a requirement for accreditation for residency programs that focuses on "interpersonal and communications skills that result in effective information exchange and teaming with patients, their families, and other health professionals." The National Board of Medical Examiners, Federation of State Medical Boards. and the Educational Commission for Foreign Medical Graduates have proposed an examination between the. third and fourth year of medical school that "requires students to demonstrate they can gather information from patients, perform a physical examination, and communicate their findings to patients and colleagues" using standardized patients. One's efficiency and effectiveness in communication can be improved through training, but it is unlikely that any future advances will negate the need and value of compassionate and empathetic two-way communication between clinician and patient. The published literature also expresses belief in the essential role of communication. "It has long been recognized that difficulties in the effective delivery of health care can arise from problems in communication between patient and provider rather than from any failing in the technical aspects of medical care. Improvements in provider-patient communication can have beneficial effects on health outcomes". A systematic review of randomized clinical trials and analytic studies of physician-patient communication confirmed a positive influence of quality communication on health outcomes. Continuing research in this arena is important. For a successful and humanistic encounter at an office visit, one needs to be sure that the patient's key concerns have been directly and specifically solicited and addressed. To be effective, the clinician must gain an understanding of the patient's perspective on his or her illness. Patient concerns can be wide ranging, including fear of death, mutilation, disability; ominous attribution to pain symptoms; distrust of the medical profession; concern about loss of wholeness, role, status, or independence; denial of reality of medical problems; grief; fear of leaving home; and other uniquely personal issues. Patient values, cultures, and preferences need to be explored. Gender is another element that needs to be taken into consideration. Ensuring key issues are verbalized openly is fundamental to effective patient-doctor communication. The clinician should be careful not to be judgmental or scolding because this may rapidly close down communication. Sometimes the patient gains therapeutic benefit just from venting concerns in a safe environment with a caring clinician. Appropriate reassurance or pragmatic suggestions to help with problem solving and setting up a structured plan of action may be an important part of the patient care that is required. Counseling around unhealthy or risky behaviors is an important communication skill that should be part of health care visits. Understanding the psychology of behavioral change and establishing a systematic framework for such interventions, which includes the five As of patient counseling (assess, advise, agree, assist, and arrange) are steps toward ensuring effective patient-doctor communication. Historically in medicine, there was a paternalistic approach to deciding what should be done for a patient: the physician knew best and the patient accepted the recommendation without question. This era is ending, being replaced with consumerism and the movement toward shared decision-making. Patients are advising each other to "educate yourself and ask questions". Patient satisfaction with their care, rests heavily on how successfully this transition is accomplished. Ready access to quality information and thoughtful patient-doctor discussions is at the fulcrum of this revolution.

Publication Types:
Review
Review, Tutorial
PMID: 14621334 [PubMed - indexed for MEDLINE]

16: Mod Healthc. 2003 Nov 3;33(44):10.
Silent treatment. Report: hospitals not telling patients about free care.

Fong T.

Publication Types:
News
PMID: 14626586 [PubMed - indexed for MEDLINE]

17: Nurs Econ. 2003 Sep-Oct;21(5):219-25, 207.

Patient empowerment strategies for a safety net.

Wolff M, Spens R, Young S, Lucey P, Cooper J, Ahmed S, Maurana C.

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The Milwaukee County General Assistance Medical Program implemented strategies to improve the delivery of care to its patients that include patient education and a Nurse Telephone Line. The partnership between a county-funded program and an academic health center has been very productive and resulted in improvements to the program that benefit underserved patients. The outcomes of these educational strategies are described.

PMID: 14618971 [PubMed - indexed for MEDLINE]